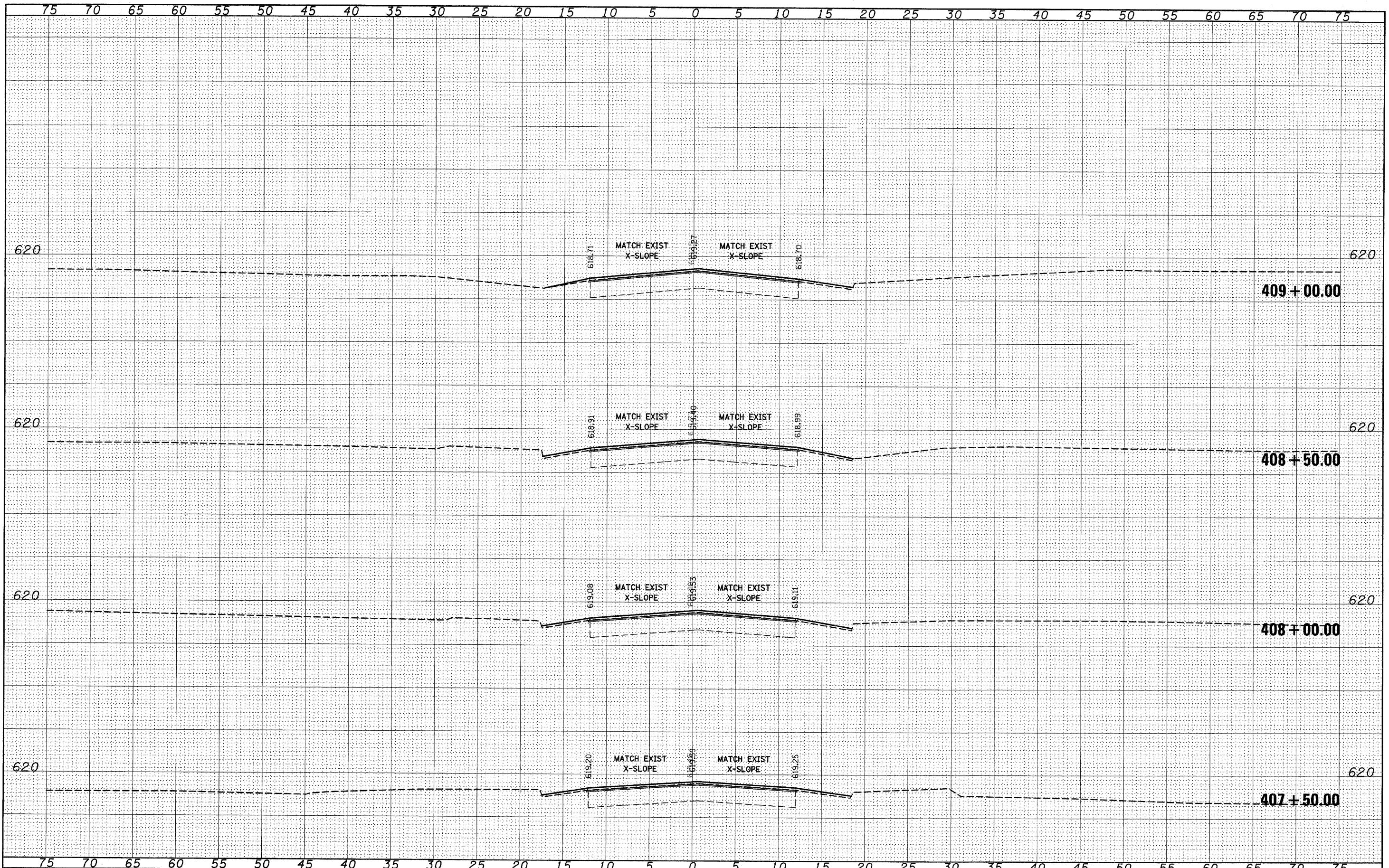


DATE _____
 BY _____
 SUPERVISED _____
 SURVEY _____
 NOTE BOOK _____
 TEMPLATE _____
 AREAS _____
 CHECKED _____

DATE _____
 BY _____
 SUPERVISED _____
 SURVEY _____
 NOTE BOOK _____
 TEMPLATE _____
 AREAS _____
 CHECKED _____



FILE NAME = _____
 #FILE# _____

USER NAME = #USER#	DESIGNED - ---	REVISED - ---
	DRAWN - ---	REVISED - ---
PLOT SCALE = #SCALE#	CHECKED - ---	REVISED - ---
PLOT DATE = #DATE#	DATE - ---	REVISED - ---

STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION

158 CROSS SECTIONS

SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 407+50.00 TO STA. 409+00.00

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	408

CONTRACT NO. 76A47
 ILLINOIS FED. AID PROJECT